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026096 7590 10/27/2004

CARLSON, GASKEY & OLDS, P.C.
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SUITE 350
BIRMINGHAM, MI 48009



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Beth A. Beard	(Depositor's name)
<i>Beth A. Beard</i>	
(Signature)	
December 29, 2004	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,783	08/19/2003	Christoph Boss	60130-1852;02MRA0355	4109

TITLE OF INVENTION: ROOF MODULE WITH MOVEABLE LID AND RIGID SEALING STRIP

01/05/2005 HGUTEMA2 00000079 10643783
 81 FC:1501 1400.00 OP
 82 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEDDER, DENNIS H	3612	296-216010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Carlson, Gaskey & Olds
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2 _____
		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ArvinMeritor GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1482 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 29, 2004

Typed or printed name Kerrie A. Laba

Registration No. 42,777

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